

04-06-01

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(d))

PTO/SB/05 (4/05)

Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Attorney Docket No. SECU0001

First Inventor or Application Identifier Cooper et al.

Title User Interface For a Security Policy System and Method

Express Mail Label No. EL816158621US

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form. (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 175] <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (Identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 34]		ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) 		7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
1. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.30(b).		8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Attorney	
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information: Examiner _____ Group Art Unit _____		9. <input type="checkbox"/> English Translation Document (if applicable)	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
11. <input type="checkbox"/> Preliminary Amendment		12. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
13. <input checked="" type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/08-12)		14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
15. <input type="checkbox"/> Other: _____		16. _____	
17. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22862 <small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below	
Name _____		or _____	
Address _____		or _____	
City _____ State _____ Zip Code _____		or _____	
Country _____ Telephone _____ Fax _____		or _____	
Name (Print/Type): Michael A. Glenn Signature:		Registration No. (Attorney/Agent): 30,176 Date: 4/5/01	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/05/04
PTO-901
11-15

PTO-901-17 (8-99)

Approved for use through 09/30/2000. OMB 0651-0312
Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$ 508.00)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 07-1445

Deposit Account Name Michael Glenn

 Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.172. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 780	201 380	Utility filing fee	355.00
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 355.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid	
37 - 20*	17	9.00	153.00	
Independent 1	1 - 3*	0	40.00	0.00
Claims				
Multiple Dependent				

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 153.00)

Complete if Known

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Cooper et al.
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	SECU0001

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920	112 920	Requesting publication of SiR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SiR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 650	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 2,210	241 605	Petition to revive - unintentional	
142 2,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 350	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$ 0.00)

Reduced by Basic Filing Fee Paid Complete if Applicable

Name (Print/Type) Michael Glenn	Registration No. (Attorney/Agent) 30,176	Telephone 650-474-8400
Signature	Date 4/5/01	

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